

**COVID – 19 Screening Questions**  
**Trinity-St. Andrew's United Church**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

1. **Have you travelled outside of Canada in the past 14 days?** YES/NO

2. **Have you tested positive for COVID-19** or had close contact with a confirmed case of COVID-19 ? YES/NO

2a. If YES, have you had a follow up test that shows a negative result? YES/NO

3: **Do you have any of the following symptoms?** YES/NO

- Fever • New onset of cough • Worsening chronic cough • Shortness of breath
- Difficulty breathing • Sore throat • Difficulty swallowing • Chills
- Decrease of loss of sense of taste or smell • Headaches
- Unexplained fatigue/malaise/muscle aches (myalgias)
- Nausea/vomiting, diarrhea, abdominal pain
- Pink eye (conjunctivitis)
- Runny nose or nasal congestion without other known cause

**If response to ANY of the screening questions is YES (except question 2a), then you are asked to not enter the building or event.**